



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Robert AMSON et al.

Title:

**USE OF AN ANIMAL MODEL DEFICIENT IN P53 AND HAVING** MEMORY DEFICIENCY AND/OR BEHAVIOURAL DISORDERS FOR

THERAPEUTIC PURPOSES

Appl. No.:

09/762,248

Filing Date: 02/13/2001

Examiner:

James Schultz

Art Unit: ... 1635

**CERTIFICATE OF MAILING** hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on Chris Escavaille 01/16/03 (Date of Deposit)

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## **AMENDMENT TRANSMITTAL**

Commissioner for Patents **Box FEE AMENDMENT** Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Supplemental Information Disclosure Statement under 37 C.F.R. § 1.97(c).
- [ X ] Form PTO/SB/08 with copies of 11 references.
- [X] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	6	_	20	=	0	×	\$18.00	=	\$0.00
Independents:	2	_	3	=	0	×	\$84.00	=	\$0.00
First presentation	on of any M	ultipl	e Dependen	t Cla	ims:	+	\$280.00	`=	\$0.00
	,				CL	AIMS	FEE TOTAL:	= -	\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

\$0.00	\$110.00	ponse filed within the first month:	[]			
\$0.00	\$410.00	ponse filed within the second month:	[ ]			
\$930.00	\$930.00	ponse filed within the third month:	[ X ]			
\$0.00	\$1,450.00	ponse filed within the fourth month:	[ ]			
\$0.00	\$1,970.00	ponse filed within the fifth month:	[ ]			
\$930.00	SION FEE TOTAL:	EXTEN				
\$930.00	SION FEE TOTAL:	CLAIMS AND EXTENSION FEE TOTAL:				
\$180.00	[ X ] Supplemental Information Disclosure Statement under 37 C.F.R. § 1.97(c)					
\$0.00	[ ] Small Entity Fees Apply (subtract ½ of above):					
\$1,110.00	TOTAL FEE:	TOTAL FEE:				

- [X] Check No. 11695 in the amount of \$1,110.00 is enclosed to cover Extension Fees (5 months \$930.00) and Supplemental Information Disclosure Statement fees \$180.00).
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

M. Scott McBride

Attorney for Applicant

Registration No. 52,008

Date

FOLEY & LARDNER

Suite 3800

777 East Wisconsin Avenue

Milwaukee, Wisconsin 53202-5306

Telephone:

(414) 297-5529

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JAN 2 1 2003

Attv. Dkt. No. 065691-0209

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1635

## SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. § 1.97(c)

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**TECH CENTER 1600/2900** 

Commissioner for Patents **Box FEE AMENDMENT** Washington, D.C. 20231

Sir:

Pursuant to 37 C.F.R. §§ 1.97-98 and in accordance with the duty of disclosure under 37 C.F.R. §1.56, Applicant submits herewith the references listed on the attached Form PTO-/SB/08 to the Examiner such that they may be considered and made of record in the above-identified application. A copy of each reference is enclosed.

This Supplemental Information Disclosure Statement is being filed after the mailing date of the first Office Action on the merits, but before the mailing date of either a Final Action under 37 C.F.R. § 1.113 or a Notice of Allowance under 37 C.F.R. § 1.311. Accordingly, Applicant has enclosed a check in the amount of \$180.00 to cover the fee set forth in 37 C.F.R. § 1.17(p) for Submission of an Information Disclosure Statement under 37 C.F.R. § 1.97(c).

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise

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improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Respectfully submitted,

**FOLEY & LARDNER** 

**Suite 3800** 

777 East Wisconsin Avenue

Milwaukee, Wisconsin 53202-5306

Telephone: (414) 297-5529

Facsimile:

(414) 297-4900

Michael Scott McBride Attorney for Applicant Registration No. 52,008